# Missouri Emergency Nurses Association
## Meeting Minutes
**Date:** July 25th, 2015  
**Time:** 10:30 am -- 2:30 pm  
**Location:** Lake Regional Hospital 3rd Floor Conference Rooms

## Agenda Topic & Discussion

<table>
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<tr>
<th>#</th>
<th>Topic</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Call To Order</td>
<td>The meeting was called to order at 10:30, Jami Blackwell presiding. Roll call taken, quorum verified by Gail Carroll with 19 voting members present. Delegate voting cards were distributed. Three members joined the meeting via phone: Judy Marlow (St. Louis), Joan Eberhardt (St. Louis), and Tyler Fredrick (Kansas City). Disclosures statements were presented by those in attendance, no disclosures of potential conflicts of interest noted.</td>
</tr>
<tr>
<td>2</td>
<td>Approval of Minutes</td>
<td>The May 2nd, 2015 Meeting Minutes were reviewed by MoENA State Council members. Motion to accept minutes as written made by Jeanne, seconded by Chris and approved unanimously by the voting members.</td>
</tr>
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<td>3</td>
<td>Treasurer's Report</td>
<td>Helen presented the 2nd quarter Treasurer's report. May and June were slower months. Most of the activity was related to travel reimbursement. 2014 Taxes have been completed. MoENA has received 1 TNCC grant and 1ENPC grant. We have a good working relationship with our accountant. Members/Treasurers may email him if any questions. Perry Nelson—email address: <a href="mailto:perrynelson@gmail.com">perrynelson@gmail.com</a>. Motion to accept Treasurer's report made by Gail, seconded by Jeanne and passed unanimously by the voting members.</td>
</tr>
<tr>
<td>4</td>
<td>Update on the Format of the General Assembly</td>
<td>Jami presented information from a letter she received from our Board Liaison explaining on how the General Assembly will work this year. There will be an amendment resolution, high use of technology, participation in Practice Groups of interest, and a &quot;Hackaton demonstration presented by MIT. The GA will be interactive and delegates will need to come prepared to discuss their topics.</td>
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## Chapter Reports

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<tr>
<th>Chapter</th>
<th>Report</th>
<th>Discussion</th>
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<tbody>
<tr>
<td>Central Chapter</td>
<td>Report presented by Amy Harrell, Chapter President: (no electronic report received)</td>
<td>Elections will be held in August. The annual Fall Emergency Update will be presented in September. Topic include Ortho, donor bank, and Pharmacology—6 CH. Continue to meet on the 3rd Thursday of the month. ENA Appreciation Dinner planned for October. Sending 3 delegates to the General Assembly, 1 scholarship to go.</td>
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## Actions/Follow-Up

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<th>Action</th>
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<td>N/A</td>
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<td>N/A</td>
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<tr>
<td>Chapter Reports-continued</td>
<td>ACTIONS/FOLLOW-UP</td>
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| **Crescent Chapter:** (no electronic report submitted) Sharon reported for the Crescent Chapter.  
  - Chapter has not meet since the last State Council meeting, next Chapter meeting is scheduled for the 1st Monday of August | Informational—no follow-up required |
| **Kansas City Chapter:** (no electronic report submitted) Report presented by Cie.  
  - Chapter had meet in June  
  - Meal/Happy Hour/Education meeting held in July. Topic of education was OB/GYN Emergencies presented by Dr. Meaghan Sneed who was a great speaker  
  - Planning for a CEN Review course in August—Pat presenting  
  - Triage First Course scheduled for September  
  - October—planning for Awards Banquet | Informational—no follow-up required |
| **Ozark Chapter:** (no electronic report submitted) Report presented by Lana.  
  - Chapter participated in the Cox Pediatric Safety Fair—helmet decorating. Donated time and money to the event  
  - Continue to present TNCC and ENPC classes  
  - Planning for their Spring Conference | Informational—no follow-up required |
| **St. Louis Chapter:** (see attached report) Report presented by Helen  
  - The St. Louis Chapter and St. Louis University Hospital participated in honoring fallen emergency medical service heroes by hosting “The Tree of Life”. SLUH was one of 6 stops on their nationwide tour,  
  - The Chapter participated in the “Walk a Mile In My Shoes” charity event. Male participants walked in high heels—money raised went to support programs for Domestic Violence.  
  - Planning for the Emergency Nurses Day Dinner and Jeopardy Event on October 14th  
  - Initial planning underway for a TCRN review course May 21 & 22, 2016. Jeff Solheim presenting.  
  - Helen shared a memorial article written about June Stucke (Joan’s mother) who recently passed away. June was an amazing lady and was a honorary member of the St. Louis Chapter. She helped with many St. Louis ENA events and projects. She was a wonderful friend and will be greatly missed. | Informational—no follow-up required |
| **SEMO Chapter:** (no electronic report submitted) Lori reported for the SEMO Chapter  
  - Last meeting was June 17th. Trying to regroup. Committee Chairs appointed and Nomination for President Elect held  
  - Rebuilding Education Committee—sending some members to the upcoming TNCC and ENPC Instructor courses  
  - Membership drive—16 member (10 new)  
  - Next meeting Aug 11th, St. Francis Medical Center—Sponsor for education and dinner | Informational—no follow-up required |

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<tr>
<th>Committee Reports</th>
<th>ACTIONS/FOLLOW-UP</th>
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</table>
| **Archive/Records:** Report presented by Gordon  
  - No new activity to report | Informational |
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<tr>
<th>Committee Reports –continued</th>
<th>ACTIONS/FOLLOW-UP</th>
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<tbody>
<tr>
<td><strong>Archive/Records: continued</strong></td>
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<tr>
<td>• No specific archiving system found which allows for searching of documents.</td>
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<td>• Gordon thanked Jan for sending signed minutes. All minutes are to contain a signature.</td>
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<tr>
<td><strong>Awards and Recognition:</strong> No report submitted. Some discussion about awards for past presidents over the last 5 years. Topic and discussion tabled to a later time when Awards &amp; Recognition Committee can discuss</td>
<td>N/A</td>
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<tr>
<td><strong>Communications:</strong></td>
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<tr>
<td>• Jeanne asked the question—how long forms and documents should be kept on the website...when should they be taken down? Group discussed. All outdated forms to be removed. Going forward, try to make forms generic and contain the last revision date at the bottom of the form. Also forms to not contain specific dates, but rather times so forms i.e. first Monday of July, in order to not have to frequently update the forms.</td>
<td>Jeanne will remove expired documents.</td>
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<tr>
<td>• Some pages on website are very long. Jeanne moved to have webmaster configure pages with drop down menus to shorten the length of some intranet pages. Seconded by Lori, unanimously approved</td>
<td>Going forward use generic names with most recent revision date</td>
</tr>
<tr>
<td>• Group discussed using Webinars verses Polycom for meetings. Polycom phone cost approx. $250-$300/unit and air time approx. 10 cents a minute. Webinar Programs: Life time membership for Team View approx. $1400.00 or $79/month. Cisco: $49/month. Jeanne recommended taking “Baby Steps” at first. Consensus was to use Polycom for now until we become more proficient with managing documents for our quarterly meetings.</td>
<td>Jeanne to contact Webmaster to configure webpage to utilize drop down selections.</td>
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<td>• Jeanne to try to obtain Polycom for use at Strategic Planning Meeting</td>
<td>Jeanne to look into obtaining a Polycom Phone to be used for the November Strategic Planning meeting.</td>
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<td>• Jeanne to contact National ENA to determine if an option exists to “piggyback” onto their webinar site.</td>
<td>Jeanne to contact National ENA, to inquire as to any opportunities available for sharing National’s webinar program.</td>
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<td><strong>Newsletter:</strong> Lori provided the Newsletter report.</td>
<td>Chapter Presidents should forward the emailed Newsletter to all their Chapter members to help ensure all members receive a copy of the email.</td>
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<td>• Lori asked whether or not all members received the emailed newsletter. Many members replied they did.</td>
<td>Lori to have newsletters uploaded to the MoENA Website—under Information Sharing Tab.</td>
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<tr>
<td>• Jan reported that the Summer Newsletter was emailed to all Missouri ENA members listed on the National ENA Missouri Member List. She did acknowledge some emails bounced back, r/t changed emails, changed in employment, etc.</td>
<td>Members to send Lori any newsletter items by Oct 16th for the November 1st Newsletter.</td>
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<tr>
<td>• Chapter Presidents need to forward the emailed Newsletter to all their chapter members to help ensure email delivery</td>
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<td>• Lori to Newsletters to Jeanne to have uploaded to the MoENA website</td>
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<td>• Lori discussed her plans to change the content of the Newsletter. She plans to shorten the length and to focus more on special events, pictures, upcoming educational events. She does not plan to include Chapter or Committee Reports.</td>
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<td>• All members are to send Lori any Newsletter items/pictures by October 16th for the November 1st Newsletter.</td>
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<td>Social Media:</td>
<td>ACTIONS/FOLLOW-UP</td>
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<td>• Jami shared with the State Council she has created a MoENA Facebook Page. Members were encouraged to visit and submit communication to the Facebook Page. Please keep items related only to ENA events and business, not hospital events. • Jami mentioned that MEMA posts their EMS Quarterly Magazine and makes money by charging for advertising.</td>
<td>Members to visit and possibly submit items to the MoENA Facebook Page</td>
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<tr>
<td>Complaince Committee: Report presented by Sharon</td>
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<td>• The Compliance Committee meet 3 hours yesterday, before the State Council Quarterly Meeting</td>
<td>Sharon to have by-laws posted on the END website to allow for the mandatory 60 days of comment.</td>
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<td>• The Committee reviewed the By-laws and made some changes.</td>
<td>MoENA State Council to vote on By-Laws at Nov. Meeting</td>
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<td>• The By-Laws will be posted on the MoENA website for members to access and make any comments to the Compliance Committee.</td>
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<tr>
<td>Course Operations Committee: Report presented by Helen. See attached report to these minutes.</td>
<td>Jami to poll other State Presidents to inquire on what processes they use for determining State Faculty</td>
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<td>• There has been a 10% increase on all provider course indirect fees, the new indirect fee will now be $75/per participant.</td>
<td>The Course Operations Committee will talk about this and make recommendations at the November Strategic Planning Meeting.</td>
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<td>• There is still a 10% discount if fees are paid in full prior to the class.</td>
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<td>• With the pre-course modules, attendees can now access practice test questions and skill station demonstration videos</td>
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<td>• TNCC revision committee is looking at offering a renewal options for the experienced provider. A toolkit will be sent to participant and re-verification can be achieved by completing the skill station and passing the test. A new card will be issued to the participant.</td>
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<tr>
<td>• The address to which you send your checks for indirect fees and course manuals has changed. MoENA Course Operations, PO Box 83314, Chicago, Illinois 60691-3314.</td>
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<td>• There was discussion about appointment and qualifications of new State Faculty. Kansas City will soon have only one State Faculty in their area. Discussion involved the eligibility requirements and whether or not attendance by phone/electronically counted as attending.</td>
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<tr>
<td>Education Committee: Report presented by Lana</td>
<td>Lana to email brochure to Lori for posting in the newsletter, Jan for email blast, and to Jeanne for uploading to the website.</td>
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<td>• The August conference presently has 12 participants registered.</td>
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<td>• Good speakers are being solicited on the topics of Strokes, STEMI, Pediatrics, and Pharmacology</td>
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<td>• Lana will get in touch with Carol Pettit regarding food arrangements from our last conference.</td>
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<td>• Need to promote and advertise---this is free education with contact hours.</td>
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<td>Finance Report: Helen presented the Finance Report—see attached report to these minutes.</td>
<td>Informational—no follow-up required at this time.</td>
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<td>• The Operating Budget Worksheet was reviewed. Six committees have been written checks</td>
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<td>• Tax Exempt Letter was provided to the Treasurer and President of each Chapter. All Treasurers and Presidents agreed to use this letter only in</td>
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<tr>
<td>Committee Reports—continued</td>
<td>ACTIONS/FOLLOW-UP</td>
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<td><strong>Finance Report (continued):</strong></td>
<td>All Chapters are to utilize the monthly Expense Detail reports along with the Excel Spreadsheet.</td>
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<td>• (continued) accordance with MoENA’s compliance policy regarding use of the Missouri Tax Exempt Status Letter.</td>
<td>All Chapters are to get their 2015 reports to Helen by January 15th, 2016 so taxes can be filed</td>
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<tr>
<td>• The form for the monthly Expense Detail Report was distributed along with directions on how to utilize the annual financial report/Excel Spreadsheet. Receipts need to accompany the reports</td>
<td>Sharon to send out Inventory List to all Chapter Presidents for them to verify and return to the Compliance Committee</td>
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<tr>
<td>• All Chapters to submit 2015 financial reports to Helen by January 15th, 2016 so tax preparation can begin—we had a problem with this last year which impacted our ability to apply for the State Achievement Award.</td>
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<td>• Helen provided Sharon (as Chair of Compliance Committee) an inventory list of all MoENA assets, i.e. computers. Sharon will email all Chapter Presidents this list for them to verify/acknowledge all present property and I.D. numbers. This is needed for the taxes</td>
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<td>• Helen turned over the Treasurer’s Computer to Sharon (Compliance Chair)</td>
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<td>• Delegate Checks. Discussion regarding receiving the Delegate checks prior to the conference to help pay for expenses. Motion made by Pat and seconded by Jeanne, that all delegates be issued their checks today with the understanding that all receipts and expense reports be turned into Helen within 2 weeks from the end of the conference. The motion was unanimously passed. Checks were issued to the Missouri General Assembly Delegates: Jami Blackwell, Nicki Carlton, Pat Clutter, JoAnn Coogan, Jamie Dahm, Joan Eberhardt, Lori Freeman, Chandra Hazen, Amy Harrell, Chris Hoag-Apel, Jan Kaminsky, Gordon Rogers (alt), Helen Sandkuhl, and Sharon Trumbly</td>
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<td><strong>IQSIP Committee:</strong> no report</td>
<td>N/A</td>
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<td><strong>Marketing/PR Committee:</strong> Chandra presently working on delegate shirts for the General Assembly</td>
<td>None at this time</td>
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<td><strong>Membership Committee:</strong> Jo Ann presented the report (see attached report with these minutes)</td>
<td>Jo will contact National to see if they can help with assigning our “unassigned” members</td>
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<td>• Missouri ENA presently at 771 members</td>
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<td>• Continue to have a significant number of unassigned members</td>
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<td>• $20 awarded to SEMO for recruiting the most members this quarter</td>
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<td>• Good job to both SEMO and KC for their recruiting efforts</td>
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<tr>
<td><strong>Nursing and Advanced Practice:</strong> Jan presented the Nursing Practice Report. (See submitted reports attached to these minutes) Reported on:</td>
<td>Members to review submitted reports.</td>
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<td>• APRN Prescriptive Authority, legislation will go in to effect Aug 28th and will allow APNs to prescribe hydrocodone.</td>
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<td>• August is National Immunization Awareness Month</td>
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<td>• Tighter Limitations on Immunization Opt Outs supported by AMA</td>
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<td>• Review of ENA Stat e-newsletter—call to apply for one of ENA’s National Committees</td>
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<td>• Joint Statement of Principles for Missouri Community Paramedic and Mobile Integrated Health Care Program (Partnership for Community Care (PCC) shared with council by Nancy—she will also share this document with ENA’s National Paramedic Committee.</td>
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<tr>
<td>Committee Reports –continued</td>
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<td><strong>Nursing Practice/Advanced Practice Committee (continued):</strong></td>
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<td>• Nancy shared with the group the Nursing Practice report she had presented to MONA—-for many of the topics affect ENA members as well: Life Long Learning, House Bill 618, Health Information Exchanges, Safe Patient Handling (see attached report)</td>
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<td>• Members informed about legislation being considered r/t Family Care Givers. AARP is involved</td>
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<td><strong>Parliamentarian:</strong> No report</td>
<td><strong>N/A</strong></td>
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| **Governmental Affairs Committee:** Report presented by Pat. (See submitted report attached to these minutes) | **Members to review Pat’s submitted report** |
| • The Missouri legislative session has ended |
| • Information still pending from our EMS colleagues—Pat will forward information when she receives it from Jason White |
| • Pat has sent letters of support for the Mental Heal bill (HR 2646) to the congressional members she visited during Day on the Hill, |
| • The National ENA Governmental Affairs conference call was held on June 9th. There were a number of interest topics—RN Safe Staffing Act, Helping families in Mental Health Care Act, Nursing Workforce Development Bill, Advocating of emergency medical services for children, trauma care, trauma centers, National Institute of Nursing Research, Poison Control Centers, AED Placement, Liability protection for health care provided, Workplace Violence bill, Heroin and Opioid Legislations, Procedural Sedation (New Mexico) |
| • 2016 Day on the Hill planned to be held on May 10 & 11th, 2016 |

| **EMS Expo:** | **No actions at present required other than to get ENA members registered for the conference** |
| • 12 ENA members are planning to attend the EMS Expo in Branson on July 29-31. MEMSA is paying for 6 and ENA are paying for 6. |
| • Nicki Carlton to attend in Helen’s place |
| • Registration Steps are being finalized |
| • MoENA State Council would like feedback on the conference |

| **2016 Elections:** | **No follow-up required** |
| • Tammy Braley has declined the President-Elect position |
| • Nominations Received: |
| o President-Elect: Cie Cascone |
| o Secretary: Lori Merritt |
| o Treasurer: Jo Ann Coogan |
| • Election results and Officers for 2016: |
| o President: Sharon Trumbly |
| o President-Elect: Janne Fogarty |
| o Immediate Past President: Jami Blackwell |
| o Secretary: Lori Merritt |
| o Treasurer: Helen Sandkuhl |
| o Treasurer-Elect: Jo Ann Coogan |
Committee Reports – continued

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<thead>
<tr>
<th>Committee Applications for 2016:</th>
<th>Actions/Follow-Up</th>
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<tbody>
<tr>
<td>• Members interested in serving on MoENA Committee in 2016 need to submit their application forms by September 1st. Send to either Jami or Sharon</td>
<td>Interested members need to submit application forms to Jami or Sharon</td>
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<tr>
<td>• The form can be found on the MoENA website</td>
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<tr>
<th>Next Meeting:</th>
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<tbody>
<tr>
<td>• Strategic Planning Meeting—November 6, 2015</td>
<td>N/A</td>
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<tr>
<td>• Quarterly MoENA State Council Meeting—November 7, 2015</td>
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| Adjournment: Meeting adjourned at 2:00pm | N/A |

Respectfully Submitted,

Janet K. Kaminsky
RN, MSN, APRN-BC

Attendance:

☑ Jami Blackwell, President
☑ Sharon Trumbly, President-Elect
☑ Janet Kaminsky, Secretary
☑ Carol Nierling-Central
☑ Amy Harrell-Central
☑ Cie Cascone--Kansas City
☑ Lori Davis—Kansas City
☑ Nancy Barr—Kansas City
☑ Lana Martin—Ozark
☑ Pat Clutter—Ozark
☑ Carla Crump—SEMO
☑ Jeanne Fogarty—St. Louis
☑ Joan Eberhardt—St. Louis (Electronic)
☑ Judy Marolow—St. Louis (Electronic)

☑ Gordon Roger, Member-at-Large
☑ Helen Sandkuhl, Treasurer
☑ Donna Pond-Central
☑ Linda Cockrell-Central
☑ Chris Hoag-Apel--Crescent
☑ Nicki Carlton—Kansas City
☑ Tyler Fredrick—Kansas City (Electronic)
☑ Gail Carroll--Ozark
☑ Jaime Dahn--Ozark
☑ Lori Merritt—SEMO
☑ Kelly McCullough--SEMO
☑ Jo Ann Coogan—St. Louis
☑ Lori Freeman—St. Louis
☑ Leslie Briggs--Central
Government Affairs

July 25, 2015

This quarter has seen the end of the session for the Missouri legislature. There is still some information coming from our EMS counterparts regarding issues that continue to be debated. These included training of EMS personnel in caring for violent patients and other legislation that would help to provide more information for EMS personnel regarding mental health patients / Medicaid payments and expansion. These informative emails have been regularly sent out to the membership of the state council.

I have sent letters of support for the Mental Health bill – HR 2646 - to the following office staff that we visited in May during Day on the Hill to remind them that the bill that was supposed to be filed is now in process – Representatives Long, Cleaver, and Hartzler. This letter and information regarding these bills are attached to this report. Jami Blackwell sent a letter to Senator Blunt’s office regarding a bill for AED’s at the request of Richard Mereu in Washington DC. (See attached)

The meeting summary for the Government Affairs chairpersons conference call held on Tuesday, June 9, 2015 is on the website. (See attached) Topics of interest on this call was the following:

➢ Registered Nurse Safe Staffing Act (I did contact Representative Billy Long regarding this bill also).
➢ Helping Families in Mental Health Care Act
➢ Nursing Workforce Development Bill
➢ Advocating for emergency medical services for children / trauma care / trauma centers / National Institute of Nursing Research / Poison Control Centers/ AED placement (in concert with AHA)
➢ Liability protection for health care providers
➢ Workplace violence bills in Colorado / California / Oregon / Minnesota / Texas /
➢ Heroin and Opioid Legislation (access to Naloxone)
➢ Procedural sedation in New Mexico
➢ Questions that came up from states included a committee being formed in Maryland to look at increasing access and awareness for SAFE exams

2016 Day on the Hill is anticipated to be held on May 10 -11, 2016.

Respectfully submitted

Pat Clutter RN MEd FAEN
Chair
Government Affairs
Missouri ENA State Council
Day on the Hill Attendees –

We wanted to inform you that Rep. Tim Murphy and Rep. Eddie Bernice Johnson introduced yesterday the Helping Families in Mental Health Crisis Act (H.R. 2646). As you know, one of our two Day on the Hill priorities was support and cosponsorship of this comprehensive mental health reform legislation.

Therefore, we are requesting that you contact the House offices that you met with during Day on the Hill and urge them to cosponsor H.R. 2646. When you follow-up with offices, it is important that you mention the following points:

- You would like your Representative to cosponsor the Helping Families in Mental Health Crisis - H.R. 2646. Be sure to mention the bill number in your correspondence.

- H.R. 2626 has bipartisan support (Rep. Tim Murphy is a Republican from Pennsylvania and Rep. Eddie Bernice Johnson is Democrat from Texas). It also has 18 cosponsors with 12 being R’s and 6 being D’s.

- Discuss one or two main aspects from the bill that are important to you as an emergency nurse, such as:
  
  - the bill will provide more psychiatric beds by improving reimbursement for psychiatric treatments under the Medicare and Medicaid programs
  - the bill will reduce the boarding of mental health patients in emergency departments by helping individuals before they reach a crisis and require emergency care

Also, please note that upon introduction H.R. 2626 already has 18 cosponsors. If the Representative you met with is already a cosponsor you obviously do not need to request that they take any action on this legislation. However, this is an excellent opportunity to thank them for their support. As we learned during our training for Day on the Hill, these offices do not get many thank you notes so we encourage you take this opportunity to follow-up and thank the Representative if they are already a cosponsor.

Cosponsors of H.R. 2646 (as of June 5)

Rep. Bilirakis, Gus M. [R-FL-12]
Rep. Blumenauer, Earl [D-OR-3]
Rep. Buchanan, Vern [R-FL-16]
Rep. Calvert, Ken [R-CA-42]
Rep. Denham, Jeff [R-CA-10]
Rep. Diaz-Balart, Mario [R-FL-25]
Rep. Dold, Robert J. [R-IL-10]
Rep. Ellmers, Renee L. [R-NC-2]
Rep. Guinta, Frank C. [R-NH-1]
Rep. Hunter, Duncan D. [R-CA-50]
Rep. Miller, Candice S. [R-MI-10]
Rep. Nunes, Devin [R-CA-22]
Rep. Sinema, Kyrsten [D-AZ-9]
Rep. Vargas, Juan [D-CA-51]
Rep. Walters, Mimi [R-CA-45]

Be sure to contact only House offices. A Senate companion bill has not yet been introduced. We will be in touch with you as soon as this happens.

For your information, below is the press release from the offices of Reps. Murphy and Johnson on the introduction of H.R. 2646. Please let us know if you have any questions. Thank you for contacting your representatives!

Richard Mereu
Ken Steinhardt
ENA Government Relations
Reps Murphy and Johnson
Reintroduce the Helping Families in Mental Health Crisis Act

Long-awaited Revamped Mental Health Bill, H.R. 2646,
Builds on Previous Version

For Immediate Release: June 4, 2015
Contact: Gretchen Andersen 202.225.2301

(Washington, DC) – House Energy & Commerce Oversight and Investigations Subcommittee Chairman Tim Murphy (R-PA) and Rep. Eddie Bernice Johnson (D-TX) today reintroduced their groundbreaking Helping Families in Mental Health Crisis Act, H.R. 2646.

The revamped bill builds upon the previous bipartisan version. H.R. 2646 breaks down federal barriers to care, clarifies privacy standards for families and caregivers; reforms outdated programs, expands parity accountability, and invests in services for the most difficult to treat cases while driving evidence-based care.

"It is not just a new bill, but marks a new dawn for mental health care in America. We are moving mental health care from crisis response to recovery, and from tragedy to triumph," said Murphy. "I am tremendously proud of the work we've accomplished and so encouraged about our nationwide grassroots support involved in advancing our legislative vision to help families in mental health crisis."

The Helping Families In Mental Health Crisis Act empowers parents and caregivers to access care before stage four, fixes shortages of inpatient beds, helps reach underserved and rural populations, expands the mental health workforce, drives evidence-based care, provides alternatives to institutionalization, integrates primary and behavior care, increases physician volunteerism, advances critical medical research, and brings accountability to mental health and substance use parity. (Summary found below and here).

"The people of this country deserve piece of mind regarding the treatment of family members within our mental health system," said Congresswoman Eddie Bernice Johnson. "It is my belief that this level of contentment can be achieved through successful passage of the Helping Families In Mental Health Crisis Act. Through the language outlined in this bill, families will have access to the mental health care needed to help those in crisis. I am proud to support legislative efforts which make this a reality."

The Helping Families in Mental Health Crisis Act was first introduced in December 2013, following a year-long investigation led by Oversight Chairman Murphy into the nation's broken mental health system. The investigation, which included public forums, hearings with expert witnesses, and document and budget reviews, revealed that the approach by the federal government to mental health is a chaotic patchwork of antiquated programs and ineffective policies across numerous agencies.

Congressman Murphy, a psychologist with nearly three decades experience, has been a champion for reforming the broken mental health system. He yearly introduces the bipartisan congressional resolution declaring "May as Mental Health Month," to end stigma associated with mental illness and promote public awareness of mental health and will soon advance a similar resolution recognizing the month of June as PTSD Awareness Month. Just this week, a provision in the previous version of his Helping Families in Mental Health Crisis Act was adopted on the House floor. Murphy offered a bipartisan amendment with Rep. Michelle Lujan Grisham (D-NM) and Rep. Earl Blumenauer (D-Ore.) to the Commerce, Justice, Science and Related Agencies Appropriations Act of 2016, to advance and expand Mental Health Courts, a successful model of collaboration between criminal justice and mental health systems for those with serious mental illness.

The Helping Families in Mental Health Crisis Act of 2015 (HR 2646)
Mental illness does not discriminate based on age, class or ethnicity. It affects all segments of society. The stories are haunting and the numbers are staggering. Nearly 10 million Americans have serious mental illness (schizophrenia, bipolar disorder, and major depression); but, millions are going without treatment as families struggle to find care for loved ones.

To understand why so many in need of care go without treatment, the Energy and Commerce Subcommittee on Oversight and Investigations launched a top-to-bottom review of the country’s mental health system beginning in January 2013. The investigation, which included public forums, hearings with expert witnesses and document and budget reviews, revealed the federal government’s approach to mental health is a chaotic patchwork of antiquated programs and ineffective policies spread across numerous agencies with little to no coordination. As documented in a recent Government Accountability Office (GAO) report, 112 federal programs intended to address mental illness aren’t connecting for effective service delivery and “interagency coordination for programs supporting individuals with serious mental illness is lacking.”

While federal government dedicates $130 billion towards mental health each year, the so-called “mental health system” is best described by it deficits. To name just a few:

- There is a nationwide shortage of nearly 100,000 needed psychiatric beds.
- Three of the largest mental health “hospitals” are in fact criminal incarceration facilities (LA County, Cook County, and Rikers Island jails).
- Privacy rules that frustrate both physicians and family members generate nearly 8,000 official complaints yearly.
- For every 2,000 children with a mental health disorder, only one child psychiatrist is available.
- The leading federal mental health agency does not employ any mental health professionals, such as psychiatrists or psychologists.

The Helping Families in Mental Health Crisis Act of 2015, H.R. 2646, fixes the nation’s broken mental health system by refocusing programs, reforming grants, and removing federal barriers to care.

**Empowers Parents and Caregivers**
Breaks down barriers for families to work with doctors and mental health professionals and be meaningful partners in the front-line care delivery team.

**Drives Evidence-Based Care**
Creates an Assistant Secretary for Mental Health and Substance Use Disorders with mental health credentials within the Department of Health & Human Services to elevate the importance of mental health in the nation’s leading health agency, coordinate programs across different agencies, and promote effective evidence-based programs.

**Further Refines Mental Health & Substance Abuse Parity**
Requires the Assistant Secretary for Mental Health and Substance Abuse Disorders to make public all federal investigations into compliance with the parity law so families and consumers know what treatment they have rights to access.

**Driving Innovation**
Establishes a National Mental Health Policy Laboratory to drive innovative models of care, develop evidence-based and peer-review standards for grant programs. Dedicates funding for the Brain Initiative (Brain Research Through Advancing Innovative Neurotechnologies Initiative).

**Improving Transition from One Level of Care to Another**
Requires psychiatric hospitals to establish clear and effective discharge planning to ensure a timely and smooth transition from the hospital to appropriate post-hospital care and services.
Fixes Shortage of Crisis Mental Health Beds
Provides additional psychiatric hospital beds for those experiencing an acute mental health crisis and in need of short term (less than 30 days) immediate inpatient care for patient stabilization.

Reaching Underserved and Rural Populations
Advances tele-psychiatry to link pediatricians and primary care doctors with psychiatrists and psychologists in areas where patients don't have access to needed care.

Focuses on Mental Health Workforce
- Requires the Assistant Secretary for Mental Health and Substance Use Disorders to study and recommend a national strategy for increasing the number of psychiatrists, child and adolescent psychiatrists, psychologists, psychiatric nurse practitioners, clinical social workers, and mental health peer-support specialists.
- Includes child and adolescent psychiatrists in the National Health Service Corps.
- Authorizes the Minority Fellowship Program.

Advances Early Intervention and Prevention Programs
- Authorizes, for the first time in federal law, the Recovery After Initial Schizophrenia Episode (RAISE), an evidence-based early intervention program.
- Reauthorizes the National Child Traumatic Stress Network.
- Launches a new early childhood grant program to provide intensive services for children with serious emotional disturbances in an educational setting.

Alternatives to Institutionalization
Incentivizes states to provide community-based alternatives to institutionalization for those with serious mental illness, such as Assisted Outpatient Treatment and other assertive-care community approaches.

Focuses on Suicide Prevention
Reauthorizes the Garrett Lee Smith Suicide Prevention Program, invests in research on self-directed violence and for the first time authorizes in statute the Suicide Prevention Hotline

Advances Integration Between Primary & Behavioral Care
Extends health information technology for mental health providers to coordinate care with primary care doctors using electronic medical records.

Increases Program Coordination Across the Federal Government
Establishes Interagency Serious Mental Illness Coordinating Committee to organize, integrate, and coordinate the research, treatment, housing and services for individuals with substance use disorders and mental illness.

Effective Protection & Advocacy
Focuses on the rights of individuals with mental illness to be free from abuse & neglect.

Increases Physician Volunteerism
Ends the decades-old prohibition on physicians seeking to dedicate time volunteering at community mental health clinics and federally-qualified health centers.

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In his seventh term representing Pennsylvania’s 18th congressional district encompassing suburban Pittsburgh including parts of Allegheny, Washington, Westmoreland and Greene Counties, Rep. Tim Murphy also serves as a Lieutenant Commander in the Navy Reserve Medical Service Corps as a psychologist treating Wounded Warriors with post-traumatic stress and traumatic brain injury.
Dear

As I work today in the ED, we have 2 mental health patients who have been in our small, rural ED for 12 and 18 hours respectively. They are in a small room with only a wooden bed attached to the floor. We call security to assist us any time the door is unlocked to provide care, nutrition, or bathroom breaks. They tap on the window of the door to let us know they need something. It is the same scenario day after day with different patients occupying these rooms. When these 2 rooms are filled and more patients requiring mental health care arrive, we then must utilize the beds that are meant for those who are physically ill and who then must wait in the waiting room for care for illnesses that require diagnosis and subsequent intravenous medications/fluids and testing. The patients are often well known to us. They know us by name. They are repeaters and we see them on a routine basis. Each time the scenario is the same and we know we will see them again within a short period of time.

Representatives Tim Murphy and Eddie Bernice Johnson recently introduced HR 2646, the Helping Families in Mental Health Crisis Act. This bill will help to resolve some of the issues we deal with on an everyday basis by providing more psychiatric beds through improved reimbursement under the Medicaid and Medicare programs and providing needed mental health care before the crisis occurs.

As discussed during our meeting with you in April, mental health care is of utmost importance in our society and we are urging support of this bill as it works its way through the legislative process. We appreciate the time you took to discuss issues of importance with us in April and now respectfully request that you help care for one of the most forgotten aspects of our society today through the successful passage of this bipartisan bill. I am also attaching a copy of the news release from Representatives Murphy and Johnson for your review as it provides a more thorough overview of the bill. We are very excited about this bill.

Thank you for your time and for everything that you do on an everyday basis to make our world a better place to live.

Pat Clutter RN MEd CEN FAEN
Chair
Government Affairs
Missouri Emergency Nurses Association
The Honorable Roy Blunt
United States Senate
Washington, D.C. 20510

Dear Senator Blunt:

I am writing to you as your constituent. The Missouri Emergency Nurses Association (MOENA) urges you to include an increase in funding for sections 413 (rural program) and 313 (community access demonstration) for the Rural and Community Access to Emergency Devices Program in the 2016 health appropriations bill. The MOENA joins with the rest of the Ad Hoc Coalition To Save Lives Through Public Access To Defibrillation in advocating for $8.9 million for these sections to restore this initiative to its 2005 level when nearly all states were funded under the rural program to save lives from cardiac arrest.

Unfortunately, Missouri is not one of the 12 states that receives money in Fiscal Year 2015 for this life-saving Program that trains lay rescuers and first responders to use automated external defibrillators (AED). The funds are also used to purchase AEDs in bulk and place them in public areas where cardiac arrests are likely to occur. Missouri has many rural areas uncovered by the 911 call system which increases the need for the AED devices in our state. A funding level of $8.9 million will improve our state’s chance of receiving a competitively awarded grant in 2016.

There remains a critical need for this life-saving Program. First responders, schools, churches, recreation facilities and nursing homes in rural areas eagerly await funds from this grant initiative.

Every day, nearly 1,000 people in our country suffer cardiac arrest outside a hospital setting and less than 11% survive. Placing more AEDs in public areas can save lives. AEDs are the best way to restore the heart to its normal rhythm after cardiac arrest—when the heart suddenly and unexpectedly stops beating. Communities with aggressive AED placement plans have achieved survival rates of nearly 40%.

Please do everything in your power to save lives from cardiac arrest by restoring funding for the Rural
Meeting Summary

Tuesday, June 9, 2015

1. Welcome and Introductions

Richard Mereu, ENA Chief Government Relations Officer welcomed the state council government affairs chairpersons to the meeting.

2. Federal Legislative Update: Richard Mereu, ENA Chief Government Relations Officer

- **Registered Nurse Safe Staffing Act**: The bill introduced on April 29, 2015 by Representatives Lois Capps (D-CA) and David Joyce (R-OH) in the House of Representatives and Senator Jeff Merkley in the Senate. The legislation would require all Medicare participating hospitals to establish and publicly report unit specific staffing plans. The staffing plans would be developed by a committee that would be comprised of 55% direct care nurses and the staffing plans must include factors such as registered nurse’s education/experience, average number of patients the hospitals sees, and the typical acuity level the hospital sees. The committee would then establish upwardly adjustable minimum staffing plans for direct care registered nurses. This approach is very individualized and each hospital can decide staffing levels that works best for them. ENA has endorsed this bill and recently sent out an action alert to EN411 members. The alert was acted on by 94 out of about 3,000 EN411 subscribers and generated 292 emails and letters to congress in support of the bill. This bill is one of American Nurses Association’s (ANA) top legislative priorities.

- **Helping Families in Mental Health Crisis Act**: This bill was one of ENA’s priority items at ENA Day on the Hill. It is a comprehensive bill that reforms the country’s mental health system. The bill was introduced on June 4 by Representative Tim Murphy (R-PA) and Eddie Bernice Johnson (D-TX). It is an entirely bipartisan bill that focuses on new programs, reforming existing programs, improvements to mental health reimbursement under both Medicare and Medicaid, and removes barriers to care. ENA sent an email to all Day on the Hill attendees asking them to contact their representatives, that they met with, and urge them to support and co-sponsor the bill. In one week’s time, the bill has gained 18 co-sponsors in the House of Representatives. ENA is encouraging members to reach out to those offices and thank them for co-sponsoring the bill. It’s a great opportunity for members to follow-up and keep in contact with those representatives. An action
alert will be sent out through the EN411 system to all members regarding the bill.

- **Nursing Workforce Development Bill**: Legislation to reauthorize all title VIII nursing workforce education programs that provide grants and scholarships for nurses and nursing students. The bill will be reintroduced by the co-chairs of the House Nursing Caucus, Lois Capps (D-CA) and David Joyce (R-OH). These grant programs will provide support for all aspects of nursing education and training, from entry-level preparation through graduate studies. The bill will provide funding for these programs through the year 2020. ENA has worked closely with the American Association of Colleges of Nursing and other nursing organizations in drafting the legislation. The bill needs to pass by September 30, 2015, because the programs will expire on that date. ENA is collaborating with all nursing partners and nursing groups on the passage of this bill.

- **Other Legislation**: ENA is working on advocating for funding for the key nursing programs that are important to emergency nurses. These programs include the Emergency Medical Services for Children (EMSC) program, trauma care, trauma centers, the National Institute of Nursing Research (NINR), and poison control centers. In particular, ENA is advocating and collaborating with the American Heart Association on reaching out to members for support of the program that places automated external defibrillator in key public areas of our country. An action alert was sent out on March 26. In response of the action alert, EN411 subscribers sent 192 emails and letters to congress advocating their support for the external defibrillator program.

  - ENA is closely following the King v. Burwell case. The Supreme Court is expected to rule on the case, which challenges Obama Care’s insurance subsidies. The plaintiffs are asserting that according to the wording of the law, subsidies can only be provided to those who purchase their coverage through state-run exchanges. If the court rules in favor of the plaintiffs, over 6 million Americans would lose their federal health insurance. The Supreme Court is expected to rule on the case at the end of June or early July.

  - ENA is tracking legislation dealing with liability protection for health care providers and others that administer naloxone for people who are suffering from overdoses. There are several state legislations as well as a federal bill that expands liability protection for those who administer naloxone.
• ENA is also following the 21st Century Cures Act (H.R. 6). This bill will accelerate the approval process for new and experimental drugs at the FDA. The bill is making its way through the House of Representatives and Senate.

3. State Legislative Update: Ken Steinhardt, Director, Government Relations

• **Workplace Violence Bills:** In Colorado, state legislature approved our felony workplace violence bill and became law on June 5, making Colorado the 32nd state where it is a felony to commit assault or battery on an emergency nurse. A press release regarding the newly enacted law was issued on June 8 and can be found on the ENA’s website under Press Releases. For direct access to the press release, click [here](#).

• In California, legislation was introduced early this year and has been approved, unanimously by the State Assembly Public Safety Committee, the State Assembly Appropriations Committee and the Full State Assembly. The bill is headed to the state senate and ENA is working with the bill sponsor. California ENA hopes to meet with the Senate Public Safety Chairmen and discuss the bill moving forward.

• In Oregon, legislation was introduced in January 2015. The bill saw movement in the Oregon State Senate and was approved by the Senate Healthcare Committee; however during a hearing with the Senate Judiciary Committee, the chairman stopped the bill from moving any further. The chairman's decision was based off conversations with several nurses outside of the emergency department, who had not been effected by workplace violence. Since the bill covers all hospital personnel affected by workplace violence and the chairman felt violence was only an issue within emergency departments he did not see the need for the bill to go any further. However, the chairman was open to working with ENA on an amended bill to be introduced next year.

• In Minnesota, it is a felony to commit an assault or battery on an emergency nurse. However, Minnesota took a step further to minimize the incidents in hospitals by passing a law that requires all hospitals to design and implement workplace violence prevention programs. The law requires hospitals to train staff members on how to be prepared in incidences of violence. The workplace violence prevention programs will need to be implemented by January 2016.

• In Texas, it is a felony to commit an assault or battery on an emergency nurse. A bill was approved to authorize a study on reducing workplace violence against all nurses. The goal of the study is to look into how prevalent this issue is for nurses in hospitals, home healthcare settings, private medical facilities, free standing emergency medical facilities, etc. The commissioner of the study is
then to review results of the study and provide recommendations. The recommendations are then supposed to be implemented by Texas Health And Human Services Commissioner.

- **Heroin and Opioid Overdose Legislation:** States to enact legislation that will increase access to naloxone and provide civil and/or criminal liability immunity for any healthcare professional that prescribes the drug as well as administer the drug to anyone that they feel is suffering from an overdose: Alabama, Arkansas, Colorado, Idaho, Indiana, Mississippi, Nebraska, North Dakota, Nevada, New Hampshire, South Carolina, South Dakota, Virginia, Washington and West Virginia.

- **Registered Nurse Safe Staffing Act:** Several states have pending legislation and are taking one of two legislative approaches. One approach, which is supported by ENA, is to assign a committee to decide what is best for their hospital. The second approach is a top-to-bottom model where the state will mandate specific nurse to patient ratios for each department within all hospitals. None of these bills pending across the country have become law this year, but ENA will continue to monitor all legislation dealing with this matter.

- **Procedural Sedation:** New Mexico is the first state where there are rules that have the same effect as law, which will allow registered nurses to administer medication for procedural sedation under specific circumstances, such as, the nurse's level of education and experience. New Mexico ENA worked closely with New Mexico American College of Emergency Physicians (ACEP) on this.

4. Questions

**Open Forum**

Question: In Maryland, a committee was formed to look at increasing access and awareness for Sexual Assault Forensic Exams (SAFE). There is a group that is urging Maryland to move away from having designated hospitals conduct SAFE exams and instead mandate that every hospital have the capabilities to conduct SAFE exams. Maryland ENA is writing testimony in opposition to this movement and instead recommends ways that will strengthen the current model.

**Response:** Government Relations is working with Maryland ENA on this testimony. We believe it is unfeasible for smaller and rural hospitals to have SANE's on staff at all times and that Maryland would be better served keeping designated hospital system and modeling more like a state trauma system, except for sexual assault and rape crimes.
Question: Does South Carolina have an update on Samuels Law?

Response: The bill was in committee as the state nursing board was working with committee members when the legislature adjourned. As a result, the bill has not been enacted into law and will not be this year. South Carolina ENA will keep members informed of any updates. Members following this bill can view Senator Bryant's website for updates.

5. Meeting Adjourned

(2:45 pm CDT)
MoENA—Nursing & Advanced Practice Committee Report
July 25, 2015
Co-Chair: Nancy Barr, RN, MSN
Co-Chair: Janet Kaminsky, RN, MSN

APRN Legislative Update, Prescriptive Authority:

Governor Nixon signed House Bill 709 which authorizes APRN’s to prescribe hydrocodone. The legislation will go into effect August 28, 2015. Please contact your pharmacies and other healthcare partners to inform them of this change so you will be able to prescribe at the effective date. MONA will continue to advocate for full prescriptive authority for ALL scheduled medications.

Friday, July 10th, Governor Nixon vetoed House Bill 618, which is the legislation that would allow APRN’s to sign death certificates.

In his veto letter, he stated: "House Bill 618 would place expediency over accuracy in the performance of the important duty of determining cause of death, a function reserved by current law for licensed physicians and duly elected officials. By allowing more individuals to certify cause of death, HB618 presents a risk that these vital records may have inaccurate information. For these reasons, HB618 cannot receive my support.

National Immunization Awareness Month

Each year in August, National Immunization Awareness Month (NIAM) provides an opportunity to highlight the value of immunization across the lifespan. As Emergency Department Nurses we should use this month to acknowledge the importance of immunizations, for both nurses and the public, which play a large role in preventing the spread of infectious diseases, and encourage compliance with immunization guidelines and recommendations.


Addressing the re-emergence of vaccine preventable diseases in the United States requires states to move toward barring non-medical exemptions to immunization mandates, according to new policy adopted by the nation’s physicians at the American Medical Association’s annual meeting. Under new policy, the AMA will seek more stringent state immunization requirements to allow exemptions only for medical reasons.

New AMA policy recommends that states have in place an established decision mechanism that involves qualified public health physicians to determine which vaccines will be mandatory for admission to schools and other public venues. States should only grant exemptions to these mandated vaccines for medical reasons.
Act. Now!

- The Position Statement Committee would like your input on two separate draft position statements. Please review and comment on the "Trauma Nursing Education" and "Emergency Nurse Orientation" position statements by Tuesday, July 28.

News

- The call to apply for one of ENA’s National Committees has been postponed and will be posted with specific criteria later this year. We will announce the new date for the call in a future edition of ENA STAT.

Upcoming Events

- Support the future of emergency nursing Thursday, October 1 at Howl at the Moon Orlando. Enjoy dueling pianos and plan to keep the tip jar full—all proceeds benefit the ENA Foundation. Purchase a ticket when you register for Emergency Nursing 2015!

Did You Know?

- Companion bills have been introduced in House and Senate to battle opioid and heroin abuse. ENA has endorsed the bills introduced in the House by Rep. Susan Brooks (R-IN) and Senate by Sen. Kelly Ayotte (R-NH) that take a multifaceted approach to address the prescription opioid abuse and heroin crises.

Now Accepting

- ENA will honor members who have passed away during the last year during a special memoriam presentation during the 2015 General Assembly in Orlando. If you would like to honor a member who has passed, please complete the Memorial Request Form and submit photos by Monday, August 24 at 12:00 pm CDT.

You may access ENA Stat Newsletter at: Webmaster@ena.org
Press Release:

[organization logos: MONA, ENA, NAPNAP KC & STL, AAP-MO]

FOR IMMEDIATE RELEASE
August 3, 2015

Nurses and Pediatricians Mark Immunization Awareness Month
Is Your Family Current on Vaccines?

JEFFERSON CITY, MO – To celebrate the importance of immunizations for individual and community health throughout the lifespan, the Missouri Nurses Association (MONA) and the Missouri affiliates of the Emergency Nurses Association (MO-ENA), the National Association of Pediatric Nurse Practitioners (NAPNAP St. Louis and Kansas City) and the American Academy of Pediatrics (AAP-MO) are joining partners nationwide in recognizing August as National Immunization Awareness Month.

“Immunizations are essential to keeping individuals, families and communities healthy,” said MONA President Rebecca McClanahan, MSN, RN. “The evidence is clear: vaccines are safe. They are proven to prevent disease and save lives.”

Immunization gives parents the power to protect their babies from 14 serious and potentially deadly diseases before they turn two years old. [NAPNAP leader] says, “Making sure your baby gets the proper vaccines on time is one of the best ways to give them a healthy start in life.”
Vaccines are key to keeping children healthy and in the classroom. “As kids head back to school, now is the perfect time to make sure your kids are up to date on their vaccines,” said [AAP-MO leader]. “If you haven’t already, parents should check with their child’s health care provider to make sure their children are current on their immunizations.”

“Though many people think of vaccines as just for children, they’re important throughout our lives,” said [ENA]. “Emergency nurses are on the front lines of health care and we see the consequences when patients do not keep their vaccines current. Thousands of adults are hospitalized with vaccine-preventable diseases each year.”

When individuals are not vaccinated, they are at increased risk and can spread diseases to others in their family and community – including babies who are too young to be fully vaccinated, people who are allergic to vaccines ingredients and people with weakened immune systems due to cancer and other health conditions.

You can find out more about vaccines for infants, children, adolescents and adults at www.cdc.gov/vaccines or by talking to your health care provider or local public health department.
Joint Statement of Principles for Missouri Community Paramedic and Mobile Integrated Health Care Programs

Partnership for Community Care (PCC)

Draft date: July 15, 2015

In 2013, the Missouri Legislature passed a law authorizing community paramedic (CP) programs throughout the state. The statute, 190.098 RSMo, has two main components: who may be certified as a community paramedic, and what is required of entities that establish community paramedic programs. The Missouri Department of Health and Senior Services has the task of writing rules to implement this law. As of the date of this publication, the rules have not been issued.

Community paramedic programs, also known as mobile integrated health (MIH) programs, are an emerging model of community-based health care. These programs are tailored to fill health care gaps within a given community by utilizing paramedics in non-emergency roles. Several CP/MIH programs exist across the country and the globe. While there is a common educational model in the United States, the scope and function of these programs vary from community to community. As CP/MIH programs develop and grow in Missouri, there is a need for additional guidance surrounding their establishment, oversight and evaluation.

This document is intended to build on available national resources to help define key principles and elements for CP/MIH programs in Missouri. This statement of principles is a product of the Partnership for Community Care, an ad hoc group of health care stakeholders focused on CP/MIH programs in our state.

Central Principles of a CP/MIH Program

All CP/MIH programs must follow these three principles:

- **Local community health needs assessment.** A health community health needs assessment must be conducted to determine gaps in local health care services, unmet health care needs, and the potential benefits of a CP/MIH program. The assessment must be detailed and specific in identifying particular topics. The interpretation of the information should include area health care professionals. Results of the assessment should determine the scope and function of the CP/MIH program.

- **Comprehensive and ongoing engagement with local health care stakeholders.** The CP/MIH program needs ongoing input from local health care stakeholders, including hospice programs, home health groups, nursing professionals, hospital personnel and others as dictated by the community and the structure of the CP/MIH program. Stakeholder input is an important resource for all stages of a CP/MIH
program: evaluating the health assessment to determine the need for a program, establishing the framework and scope of the program, and assessing the program’s impact at regular intervals. For communities near state borders, CP/MIH programs and local stakeholders should consider how state lines impact health care needs.

- **Regular intraprofessional dialogue.** The CP/MIH program must regularly exchange information about the development of its program with the six formally recognized EMS Regional Committees designated by the Missouri Department of Health and Senior Service’s Bureau of Emergency Medical Services.

**Attributes of a CP/MIH Program**

The following is a list of key attributes of a CP/MIH program. Many are taken directly from the National Association of Emergency Medical Technicians (NAEMT) Vision Statement on Mobile Integrated Healthcare and Community Paramedicine, which has been endorsed by 11 national emergency health care groups.

A CP/MIH program should be:

- Fully integrated – a component of the existing health care system, with efficient bidirectional sharing of patient health information.

- Collaborative – predicated on meeting a defined need in a local community articulated by local stakeholders and supported by formal community health needs assessments.

- Supplemental – enhancing existing health care systems or resources, and filling the resource gaps within the local community.

- Data driven – data collected and analyzed to develop evidence-based performance measures, research and benchmarking opportunities. Data collection should commence when the CP/MIH program begins.

- Patient-centered – incorporating a holistic approach focused on the improvement of patient outcomes.

- Recognized as the multidisciplinary practice of medicine – overseen by engaged physicians and other practitioners involved in the program, as well as the patient’s primary care network/patient-centered medical home, using telemedicine technology when appropriate and feasible.

- Guided by an advisory committee – taking direction and feedback from members of health care provider groups and health care professional associations in the community served by the CP/MIH.
• Team based – integrating multiple providers, both clinical and non-clinical, in meeting the holistic needs of patients who are either enrolled in or referred to CP/MIH programs.

• Educationally appropriate – including more specialized education of community paramedics and other CP/MIH providers, with the approval of regulators and/or local stakeholders.

• Legally compliant – abiding by through strong, legislated enablement of MIH/CP component services and programs at the federal, state and local levels.

• Integrated with patient safety organizations (PSOs) – recognizing the paramount nature of patient safety, CP/MIH programs should be integrated with patient safety organizations to comply with the Patient Safety & Quality Improvement Act of 2005.

• Transparent – publicly and regularly reporting the impact of the CP/MIH program with the goal of improving patient outcomes, bettering population health, and reducing costs.

The Partnership for Community Care, comprised of the following organizations, endorses this statement of principles for Missouri community paramedic and mobile integrated health care programs. We encourage our members to utilize these principles to engage with this emerging model of health care and better meet the health care needs of their local communities.

• MARC

• Missouri Alliance for Home Care

• Missouri Nurses Association (MONA)

• Missouri State Council of the Emergency Nurses Association

• Missouri State Medical Association (MSMA)

• Missouri Association of Emergency Medical Services

• Missouri Ambulance Association

National Community Paramedic and Mobile Integrated Health Care Resources

American College of Emergency Physicians
Medical Direction of Mobile Integrated Healthcare and Community Paramedicine Programs

American Nurses Association

ANA’s Essential Principles for Utilization of Community Paramedics

Community Healthcare and Emergency Cooperative

The Community Paramedic Program—A New Way of Thinking
http://communityparamedic.org

International Association of Fire Fighters

Position Statement: Fire-Based Community Healthcare Provider Programs (AKA: Community-Based EMS or Community Paramedic Programs)

National Association of Emergency Medical Technicians

Vision Statement on Mobile Integrated Healthcare (MIH) & Community Paramedicine (CP)

National Rural Health Association

Policy Brief: Principles for Community Paramedicine Programs
http://www.ruralhealthweb.org/index.cfm?objectid=24480DBA-3048-651A-FE808A7FF0AC5CFE
July 15, 2015

Brian Froelke, MD
Missouri EMS Medical Director
Missouri Department of Health and Senior Services

Dr. Froelke

Thank you for the opportunity to discuss the Time Critical Diagnosis (TCD) continuing education requirements. The Missouri College of Emergency Physicians (MOCEP) represents over 500 board certified emergency physicians and works to improve emergency medical care for all patients in Missouri. During the implementation of the regulations for Stroke and STEMI centers, we have received feedback from our colleagues that interpretation of the continuing education requirements for emergency physicians has been overly burdensome and potentially detrimental to the care of the majority of emergency department (ED) patients. For Level 1 STEMI and Stroke centers, current interpretation of the regulations would require a total of 20 hours of annual continuing education for all emergency physicians. This number of hours is an overwhelming component of our annual state maintenance of licensure CME of 25 hours. As such, we have noticed many of our physicians focusing solely on stroke and STEMI hours with little attention paid to the breadth and variety of patients cared for daily in the emergency department. MOCEP believes this narrow focus could result in potential harm and is a patient safety concern. Even though the regulations state that only 4 hours out of the 10 hours of continuing education must be actual “CME,” implementing an effective and realistic system to provide, identify and track hours for large physician groups is overwhelming. As a result, most physicians are relying on CME documentation to fulfill this requirement. Upon review of the Stroke and STEMI regulations, we believe the regulations for continuing education have been misinterpreted which has resulted in a burden that was never intended.

For example, as noted in your correspondence from May 29, 2014, it states that all emergency physicians who take care of stroke patients are considered part of the “on call roster.” MOCEP is in agreement with this position. However, we disagree that being a member of the stroke call roster requires every physician to also be a member of the “core team” and the subsequent continuing education requirement of 10 hours.

According to 19 CSR 30-40.730, in the general standards of a stroke center, a stroke center must have “a core team that provides administrative oversight” (1-A) AND a “stroke call roster that includes an ... emergency physician” (1-B) thus separating the core team from the on call roster (two separate physician categories). When defining continuing education requirements, the regulations state that “Level 1 core team members of the stroke call roster must complete a minimum of ten (10) hours of continuing education.” However, as written, there is not a requirement that all members of the on call roster must also be core team members. Furthermore regulations state that emergency physicians “providing stroke coverage (thus a part of the on call roster) must complete a minimum of four (4) hours every year.” Based upon these regulations, we believe the core team (as identified by the credentialled stroke center) is solely responsible for administrative oversight, thus necessitating the more stringent requirement of 10 continuing education hours. Emergency physicians that provide care for stroke patients, but who do not have administrative or QI responsibilities, would be required to have the four (4) hour requirement. MOCEP believes the same interpretation to apply to the STEMI center regulations as well.
In summary, MOCEP believes the overly stringent interpretation of the continuing education requirements for stroke and STEMI centers have placed an undue burden upon emergency physicians, and reduces the ability to obtain continuing education relevant for the majority of patients cared for in the emergency department. We believe, as written in the regulations, the core team and the on call roster have separate designations and different continuing education requirements. We respectfully request a review of how the current regulations are interpreted and applied to ensure that the highest quality care is available to both our stroke and STEMI patients, and all Missourians who seek care in our emergency departments.

Respectfully,

Douglas Char, MD, FACEP
President of MOCEP

Jonathan Heidt, MD, FACEP
Vice-President MOCEP
Save the Dates!!

- October 14th, 2015
  Emergency Nurses Jeopardy
  Dinner to Follow
  Gretchen Inn 6 pm

- TCRN Exam Review
  May 21-22, 2016
  May Center
  Jeff Solheim-Speaker

St. Louis Chapter ENA and Saint Louis University Hospital honored fallen emergency medical service (EMS) heros by hosting “The Tree of Life” an iconic symbol created by the National EMS Memorial Service (NEMSMS) and on a national road trip from Colorado to Virginia. SLUH is one of six stops on the nationwide tour.

- Monday, July 13, 2015
  9-11 a.m.
  Saint Louis University Hospital Main Lobby
  Hosted by STL ENA &SLUH
ENA was represented by Joan Eberhardt & Helen Sandkuhl